



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Gilead Kapen, Treasurer
Hoosier Political Action Committee (Hoosier PAC)
P.O. Box 77089
Washington, DC 20013

JUN 16 1999

Identification Number: C00338848

Reference: 12 Day Pre-General Report (10/1/98-10/14/98)

Dear Mr. Kapen:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report discloses limited payments for administrative expenses. Administrative expenses are payments made for the purpose of operating a political committee including, but not limited to, rent, utilities, salaries, telephone service, office equipment and supplies. Any such payments to a person aggregating in excess of \$200 in a calendar year must be disclosed on Schedule B, supporting Line 21(b) of the Detailed Summary Page. 2 U.S.C. §434(b)(5) If these expenses are being paid by a connected organization, your Statement of Organization must be amended to reflect this relationship. 2 U.S.C. §433(b)(2) In addition, if expenses have been incurred but not paid in a reporting period, the activity should be disclosed as a debt on Schedule D, if the obligation is \$500 or more, or outstanding for sixty days or more. 11 CFR §104.11

Any goods or services provided to your committee by a person, except volunteer activity (i.e., a person's time), would be considered an in-kind contribution from that person, and would be subject to the disclosure requirements of 2 U.S.C. §434(b)(3) and 11 CFR §104.13, and the limitations and prohibitions of 2 U.S.C. §§441a and 441b.

Clarification regarding administrative expenses should be disclosed during

each two year election cycle beginning with the first report filed in the non-election year. Please verify that all expenses referenced above (i.e., rent, salaries, utilities, etc.) have been adequately disclosed. If these services have been provided by volunteers, please confirm this in writing.

-Schedule B supporting Line 23 of your report discloses a contribution(s) to a candidate(s) for the Indiana primary election; however, the funds were disbursed after the election date(s) (pertinent portion(s) attached). Please note that contributions may not be designated for an election which has already occurred unless the funds are to be used to reduce a candidate committee's debts incurred during that election campaign. Please clarify the contribution(s) and disclose any redesignations or refunds as necessary on the appropriate schedules.

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$1,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A, supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B, supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

HOOSIER Political Action Committee (HOOSIER PAC)

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A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

A handwritten signature in cursive script that reads "Dominick Ciaraldi". The signature is written in dark ink and is positioned below the word "Sincerely,".

Dominick Ciaraldi
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Hoosier Political Action Committee (Hoosier PAC)

C00338848

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gary Hofmeister for Congress Committee P. O. Box 26247 Indianapolis, IN 46220	Contribution House IN 10th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98 IN PRIMARY 5-5-98	1,000.00
B. Full Name, Mailing Address and ZIP Code New Mexicans for Bill Redmond P. O. Box 5747 Santa Fe, NM 87502	Contribution House NM 3rd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98	500.00
C. Full Name, Mailing Address and ZIP Code Steve Chabot for Congress 3333 Glenmore Avenue Cincinnati, OH 45211	Contribution House OH 1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98	500.00
D. Full Name, Mailing Address and ZIP Code Snowberger for Congress P. O. Box 3001 Olathe, KS 66062	Contribution House KS 3rd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/98	1,000.00
E. Full Name, Mailing Address and ZIP Code CAT PAC 400 Capitol Mall 01560 Sacramento, CA 95814	Contribution Federal PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98	5,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (just page this line number only)

8,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
21 (b)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Hoosier Political Action Committee (Hoosier PAC)

C00338848

A. Full Name, Mailing Address and ZIP Code

Dan Burton
2185 Rayburn HOB
Washington, DC 20515

Purpose of Disbursement

Travel Expense Reimb

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)

10/7/98

Amount of Each
Disbursement This Period

1,755.00

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,755.00

